2016-05-24-03-00075**

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

2016 MAY 24 AM 11: 41

Office Use Only

NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
ADDRESS (number and street) Check if different than previously reported. (ACC) COOLIST.	MOCKSVILLE	▲ NEW		CONGRESS 028 ZIP CODE A STATE V DISTRICT NC /3
4. TYPE OF REPORT (Cr. (a) Quarterly Reports: April 15 Quarterly July 15 Quarterly I October 15 Quarter January 31 Year-E Termination Report	Report (Q1) Report (Q2) erly Report (Q3) Ind Report (YE) (c) 30-Day	POST-Election Report for the	General (12G) Special (12S)	in the State of Special (30S) in the State of S
5. Covering Period I certify that I have examined the Type or Print Name of Treasurer Signature of Treasurer NOTE: Submission of false, errore	ALLAN NEWSO	ny knowledge and belief it is	Date Date	20 2016
Use Only				EC FORM 3 Revised 02/2003)

2016:05:24:0M:00075M40

	FEC Form 3 (Revised 02/2003)	or neceipts and disbursements	Page 2
w	rite or Type Committee Name Committee to Elect Fazi	eou K Stoaf Fil Congress	
R	eport Covering the Period: From:	3 2.4 20.16 To	OS 18 2016
		COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net Contributions (other than loans)	· ·	
	(a) Total Contributions (other than loans) (from Line 11(e))	6,13954	6.13954
	(b) Total Contribution Refunds (from Line 20(d))		
•	(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	6,13954	6,139.54
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	4,520.32	4,5,20.32
	(b) Total Offsets to Operating Expenditures (from Line 14)		
	(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	4,520,32	4520.32
8.	Cash on Hand at Close of Reporting Period (from Line 27)	1,619.22	
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DI .	ETAILED SUMMARY PAGE	
FEC Form 3 (Revised 12/2003)	of Receipts	Page 3
Write or Type Committee Name		
COMMITTEE TO ELECT FARREN	K SHOOF FOR CONGRESS	
Comme of the comments		
Report Covering the Period: From:	3 24 2016 TO	D: 05/18/2016
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:	•	
(a) Individuals/Persons Other Than	•	
Political Committees (i) Itemized (use Schedule A)	3,6,50.00	3,650.00
(ii) Unitemized		
(iii) TOTAL of contributions from individuals		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) The Candidate	248954	248954
(e) TOTAL CONTRIBUTIONS	k ter seresakskanna kannak I kannas kannas kere sek I kannas kannas kannas keresak kannas keresak kannas keres Territoria	(Learner Montena Maries and Paracraft Learner) Paracraft Learner and Dominist Australians and Maries (Maries Learner)
(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	6,139,54	6,139.54
12. MANGIENO MON OTHEN		
AUTHORIZED COMMITTEES		
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
·		
(b) All Other Loans(c) TOTAL LOANS	Committee of the control of the cont	
(add Lines 13(a) and (b))		
14. OFFSETS TO OPERATING		
EXPENDITURES		
(Refunds, Rebates, etc.)	And the state of t	Carried Statement Statemen
15. OTHER RECEIPTS		
(Dividends, Interest, etc.)	manufacture 12 mars from Champage Champage	Constitution of Constitution o
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15)		
(Carry Total to Line 24, page 4)	1, 6, 1, 3, 9, 5, 4	6,139.54

2016 : 05 : 24 : 0M : 00075M42

FE6AN023

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	4,52032	4,52032
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate	The state of the s	Consolve a Marion Phone Source of The contract
	(b) Of All Other Loans	The second secon	The state of the s
20.	REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees		
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	and and I be about 9 be about 19 beach and the second	
21.	OTHER DISBURSEMENTS	Description of the second seco	
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	452032	4,520.32
	III. CASH SU	MMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	rting period	
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	6,139.54
25. }	SUBTOTAL (add Line 23 and Line 24)		6.1.39.54
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	m Line 22)	4,520.32
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)		161922

SCHEDULI	EΑ	(FEC	Form	3)
ITEMIZED	REC	EIPTS	6	

NAME OF COMMITTEE (In Full)

PEEK DAVID

TATES VILLE FEC ID number of contributing

federal political committee.

Other (specify)

) TATES VILLE

federal political committee.

Name of Employer

Primary

EASLING,

Mailing Address

Name of Employer

Primary Other (specify)

NIA

Receipt For:

City

Receipt For:

FEC ID number of contributing

KENANEE SCIENTIFIC

Full Name (Last, First, Middle Initial)

Other (specify)

FEC ID number of contributing federal political committee.

Full Name (Last, First, Middle Initial) PEEX BRIAN

General

D.

General

GERALA

General

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

ARROWBROOK

DRIVE

Name of Employer

NIA

Primary

Mailing Address

City

Receipt For:

Mailing Address 114 DUNE

City

Full Name (Last, First, Middle Initial)

C

M

C

PAGE OF 3 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 11a 11b 11d 11c Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. COMMITTEE TO ELECT FRAMEN K SHOAF FOR GUGAESS State Zip Code NO Amount of Each Receipt this Period 5,0,00 Occupation RETIRED Memo Item Election Cycle-to-Date 0.00 Date of Receipt Zip Code State Amount of Each Receipt this Period 5.0 Occupation PROJUCTION STHEDULER Memo Item Election Cycle-to-Date Date of Receipt Zip Code State Amount of Each Receipt this Period Occupation 0.0.0 RETIRED Memo Item Election Cycle-to-Date 50, U.U

Local broad and the college of the

SCHEDULI	EΑ	(FEC	Form	3)
ITEMIZED	REC	EIPTS	3	

SCHEDULE A (FEC Form 3)		FOR LINE NUMBER: PAGE 2 OF 3
÷;	Use separate schedule(s) for each category of the	(check only one) X 11a 11b 11c 11d
ITEMIZED RECEIPTS	Detailed Summary Page	12 13a 13b 14 15
Any information copied from such Reports and Statements mor for commercial purposes, other than using the name and	ay not be sold or used by any paddress of any political committee	erson for the purpose of soliciting contributions eto solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
COMMITTEE TO ELECT FARREN K	SHOAF GR GNGRESS	
Full Name (Last, First, Middle Initial)		
A. Savace MARK P Mailing Address		Date of Receipt
165 HUNTERS RINGE ROAD	·	04/14/2016
City State WINSTON-SALEM NC	Zip Code 27/03	
	Transfer of the Property of th	1
federal political committee.		Amount of Each Receipt this Period
Name of Employer Occupation	<u> </u>	2,700,00
INFORM BROADCASTING CORPO	TRATE PRESIDENT	Memo Item
Receipt For: Election C	ycle-to-Date ▼	
. Other (specify) ▼	270000	
Descript Transmit Tra		
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address	, , , , , , , , , , , , , , , , , , , 	┥ '
City: State	Zip Code	04/20/2016
Mocksville NC	27028	
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	e Benediction of the confidence of	
Name of Employer Occupation		50.00
	vole to Date	Memo Item
Primary General	ycle-to-Date ▼.	NOTIFIED I
Other (specify) ▼	50.00	
Full Name (Last, First, Middle Initial)		
<u> </u>		Date of Receipt
C. JOHNSON, STEVE D Mailing Address 1912 SHELTON AVENUE		04 25 2016
City State	Zip Code	
STATESUILLE NC	28677	:
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer Occupation		1000
h	ARTS STORE	
Receipt For: Election C	ycle-to-Date	Memo Item
Primary General Other (specify)	0.0.0.0.	
		285000
SUBTOTAL of Receipts This Page (optional)	<u> </u>	
TOTAL This Period (last page this line number only))	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 3 OF 3 (check only one)

11a 11b 11c 11d

12 13a 13b 14 11

HEMIZED RECEIPTS	Detailed Summary Page	12 13a 13b 14 15
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may not be sold or used by any per name and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Connittee to ELECT FACE	ren K zimat er gueras	
Full Name (Last, First, Middle Initial) A. PEK, BRIAN D Mailing Address 101 FONE WINDS DRIVE City STATESVILLE	State Zip Code NC 2P625	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer KENAWEE SCIENTIFIC GRP, Receipt For: General Other (specify)	Occupation PRIDUCTION SCHEDUCE Election Cycle-to-Date 50000	Amount of Each Receipt this Period 3,5 0 00 Memo Item
Full Name (Last, First, Middle Initial) B. SHOAF, JAMES A Mailing Address 2324 MILLING ROALS City MOCKENIUE, NC	State Zip Code 27 o 28	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer	Occupation RETIRES Election Cycle-to-Date ,/ 0 0 0 0	Amount of Each Receipt this Period / v o o o
Full Name (Last, First, Middle Initial) C. SAMBER, BRENDAN Mailing Address 304 MARSHALL STREET City: CITCHFIELD FEC ID number of contributing	State Zip Code MT 46252	Date of Receipt
TELC-ENPLOYED Receipt For: Y Primary General Other (specify) ▼	Occupation ATTORNEY Election Cycle-to-Date	Amount of Each Receipt this Period / 0 0 0 0 Memo Item
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	55000
TOTAL This Period (last page this line number o	only)	3,65,0.00

SCHEDULE A	A (FEC	Form	3)
ITEMIZED RE	CEIPTS	;	

TOTAL This Period (last page this line number only).....

В.

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF 3- (check only one) 11a 11b 11c X 11d 12 13a 13b 14 15
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any pename and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
COMMITTEE TO ELECT FARLE	N K SHOAF FIL GHGRED	
Full Name (Last, First, Middle Initial) SHOAF FARLEN K Mailing Address 431 EATON ROAD City MOCKSVILLE FEC ID number of contributing federal political committee. Name of Employer	State Zip Code NC 27028 C Occupation 820ADCAST RADID	Date of Receipt O 3 / 2 4 / 2 0 1 6 Amount of Each Receipt this Period
SELF-EMPWY® Receipt For: Primary General Other (specify) ▼	Election Cycle-to-Date 1 6 1 87	Memo Item
Full Name (Last, First, Middle Initial) B. SHOAF, FAREN K Mailing Address 431 EATON RAD City	State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer SELF- EMPLOYED Receipt For: Primary General Other (specify)	Occupation 644ACAST CADIO Election Cycle-to-Date 21187	Amount of Each Receipt this Period 5.0.00 Memo Item
Full Name (Last, First, Middle Initial) C. SHOAF, FAREEN K Mailing Address	State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee.	NC 27028	Amount of Each Receipt this Period
Name of Employer SELF- EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation BRJ ABCAST RADIO Election Cycle-to-Date 7,246,20	Memo Item
SUBTOTAL of Receipts This Page (optional)		246.20

SCHEDULE A	(FEC	Form	3)
ITEMIZED RE	CEIPTS	3	

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 2 OF 3
			11a 11b 11c X 11d
		Detailed Summary Page	.12 13a 13b 14 15
Any information copied from such Reports and Stor for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any poddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		•	`
COMMITTEE TO ELECT FARE	er K	SHOAF FOR GNGRESS	
Full Name (Last, First, Middle Initial)			
A. SHOAF FARREN K			Date of Receipt
Mailing Address 431 EATON ROAD			04 05 2016
City	State	Zip Code	0.4 05 2016
MOCKSVILLE	NC.	27028	
FEC ID number of contributing federal political committee.	C.		Amount of Each Receipt this Period
Name of Employer	Occupation		/ 0 0 00
SELF- EMPLOYED	,	CAST RADIO	Memo Item
Receipt For:	Election Cy	vcle-to-Date ▼	ivieno nem
Y Primary General Other (specify) ▼		346.20	4
Full Name (Last, First, Middle Initial)			,
B. K		<u> </u>	Date of Receipt
Mailing Address			M M / D D / Y B Y D Y
City	State	Zip Code	Internal Internal Internal Internal Committee
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer	Occupation	······································	
Receipt For:	Election Cv	vcle-to-Date _	Memo Item
Primary General		The million of social weezhersel con il masterial	
Other (specify)	L. 11	6) Daniel Carrollina de la Carrollina de l	
Full Name (Last, First, Middle Initial)	· · · · · · · · · · · · · · · · · · ·		Date of Receipt
Mailing Address	, " ·		
City (State	Zip Code	
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer	Occupation		
Receipt For:	Election Cy	vcle-to-Date ▼	Memo Item
Primary General Other (specify) ▼			
			/0000
SUBTOTAL of Receipts This Page (optional)		<u> </u>	70000
TOTAL This Period (last page this line number or	n(v)		

SCHEDULE A	(FEC	Form	3)
ITEMIZED REC	CEIPTS	3	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 3 OF 3 (check only one)
ILIVIIZED RECEIF 13	Detailed Summary Page	112 13a 13b 14 15
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a		
NAME OF COMMITTEE (In Full)		
COMMITTEE TO ELECT FARREN K ST	HOAF FIL CONCRETS	
Full Name (Last, First, Middle Initial)		
A. SHOAF, FARREN K. Mailing Address		Date of Receipt
City State	Zip Code	03/24/2016
Mocksville NC	27028	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer Occupation	1	1,740.00
SELF-EMPLOYED BEDAD	CAST RADIO	Memo Item
Receipt For: Election Cy Primary General	ycle-to-Date ▼	Channell Control of the Control of t
Other (specify) ▼	2,0,86,20	
Full Name (Last, First, Middle Initial)		Date of Receipt
B. SHOAF, FARREN K. Mailing Address		Date of Receipt
City State	Zip Code	03/29/2016
MOCKEVILE NL	27028	<u>.</u>
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer Occupation	,	13.92
	CAST RADIO	Memo Item
Primary General	ycle-to-Date ▼	RANNING C
Other (specify) ▼	2,1,0,0,1,2	
Full Name (Last, First, Middle Initial)		Date of Receipt
C. SHOAF HALLEN K Mailing Address		MANNE / FORDE / PVEVVVV
431 EATON ROAD City State	Zip Code	05 05 20 16
Mocksville NC	27028	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer Occupation	1	38942
	CAST RADIO	Memo Item
Heceipt For: Election Cy	ycle-to-Date ▼	hael
Other (specify) ▼	2,4,8,9,54	
SUBTOTAL of Receipts This Page (optional)		2,14,3,3,4
TOTAL This Period (last page this line number only)		248954

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 1 OF 5 (check only one) 17 18 19a 19b 20a 20b 20c 21
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and	address of any political commit	tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		Į.
COMMITTEE TO ELECT FARREN K	SHOAF FOR CONGRE	55
Full Name (Last, First, Middle Initial)		
" NC STATE BOARS OF ELECTIONS	•	Date of Disbursement
Mailing Address P. 0. 50x 27255		63 24 20 16
City State	Zip Code	Amount of Each Disbursement this Period
RAUTCH NC Purpose of Disbursement	27611	1740 00
CANDIDATE FILING FEES	1,0,0,1	Committee of the Commit
Candidate Name	Category Type	Memo Item
Office Sought: House Disbursement F		
Senate Prima President Other	ry	
State: District:		
Full Name (Last, First, Middle Initial)		
3. 115 Pastral Stailine		Date of Disbursement
Mailing Address 1119 YADKINVILLE ROAD City State		03/29/2016
	Zip Code	Amount of Each Disbursement this Period
Mocksylue NC	27028	
Purpose of Disbursement	00	7 / 3 92
Candidate Name	Category	// Memo Item
	Туре	BrowG
Office Sought: House Disbursement F Senate Prima	·	
<u> </u>	(specify) ▼	
State: District:	=	
Full Name (Last, First, Middle Initial)		Date of Disbursement
VISTA PRINT		
Mailing Address		0.3 30 2016
Gity State	Zip Code	A
LEXING MA	02421	Amount of Each Disbursement this Period
Purpose of Disbursement		129 13
Candidate Name	Category	// Memo Item
04-0-1	Туре	
Office Sought: House Disbursement F	,	
<u> </u>	(specify)	
State: District:	▼	
SUBTOTAL of Disbursements This Page (optional)		1,883,05

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3)	Use separate schedule(s)		NUMBER: PAGE Z OF IIV one)	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	· I · —	17] 19b
And the second of the second o			20a 20b 20c	21
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a	ay not be sold or used by address of any political cor	any person for mittee to solici	true purpose of soliciting contributions from such committee	ee.
NAME OF COMMITTEE (In Full)				
Committee to ELECT FARREN KS	THORF ER CON	G RESS		
Full Name (Last, First, Middle Initial)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
A. Pay Pac		Date	of Disbursement	71
Mailing Address		O	3 31 2016	
City State	Zip Code		A of C ob Disk are and Abic Day	
SAN JOSE CA	95131	1 .	unt of Each Disbursement this Per	
Purpose of Disbursement		fi (barand)	<u> </u>	5
FEE Candidate Name			Memo Item	
	Ту	pe []		
Office Sought: House Disbursement For	: General			
President Other (s	LJ			
State: District: Full Name (Last, First, Middle Initial)	· .		<u> </u>	
· •	•	Date	e of Disbursement	
Mailing Address			M / D P / X Y Y Y	9
Mailing Address 95 Hayded Avenue		0	4 02 2016	
City : State	Zip Code	Amo	ount of Each Disbursement this Per	iod
Purpose of Disbursement	02421			7
Purpose of Disbursement ADVERTSING	0.0		<u> </u>	
Candidate Name	Cate		Memo Item	
Office Sought: House Disbursement For	Ту	/pe		
Senate Disbursement For	General			
President Other (s	pecify) 🔻			
State: District: Full Name (Last, First, Middle Initial)				
		Date	of Disbursement	
Mailing Address	·		M / D P / X Y CY Y	
P. O. Sox 99			71 021 60.16	ļ.
City State Zig	Code	Amo	unt of Each Disbursement this Per	iod
Mocksuice NC Purpose of Disbursement	27028		975	0
ADVERTIS, N. C.	0.0	24	Land Sand Character of Characte	<u> </u>
Candidate Name		gory/	Memo Item	
Office Sought: House Disbursement For		/pe		
Senate Primary	General			
President Other (s	pecity)			
		Formal Police Control	hanne de la company de la comp	farmal farmal
SUBTOTAL of Disbursements This Page (optional)	<u></u>	<u></u>	3,14,5	7
TOTAL: This Period (last page this line number only)		>		.

B.

SCI ITE

•	<u> </u>	, <u>, , , , , , , , , , , , , , , , , , </u>
SCHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 3 OF 5 (check only one)
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 17 18 19a 19b 20a 20b 20c 21
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and	nay not be sold or used by any address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		:
COMMITTEE TO ELECT FARRE	w K SHOAF FOR L	overes
Full Name (Last, First, Middle Initial)		Date of Disbursement
_ JERRY PLEMMONS		M M / 0 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1571 TRIPLE CROSK DRIVE		[07] [3] [20.10]
City State East BEND NC	Zip Code 270 18	Amount of Each Disbursement this Period
Purpose of Disbursement		8990
ADVERTIS,~ G Candidate Name	Category	// Memo Item
Office Sought: House Disbursement For	Туре	Created
Senate Primary	General	
President Other (s	specify) 🔻	
Full Name (Last, First, Middle Initial)		District District
Mailing Address		Date of Disbursement
=		0,4 28 20,16
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	27028	4700
PUSTAGE FOR MAILINGS Candidate Name	0,0,3	Constitution of the contract o
	Category Type	// Memo Item
Office Sought: House Disbursement For Senate Primary		
President Other (s	specify) 🔻	
State: District: Full Name (Last, First, Middle Initial)	· · · · · · · · · · · · · · · · · · ·	
. US POSTAL SOLVICE		Date of Disbursement
Mailing Address		04/28/2016
City YADKMVILLE ROAD State Z	p Code	Amount of Each Disbursement this Period
Purpose of Disbursement	27028	Amount of Lacif Disbursement this Feriod
PESTAGE FOR MAILINGS	0.03	
Candidate Name	Category Type	Memo Item
Office Sought: House Disbursement For		-
Senate Primary President Other (s	<u>. </u>	
State: District:	▼	
SUBTOTAL of Disbursements This Page (optional)		23247

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) (c

OR LINE	₽A	GE	4	OF S			
heck onl	y one)						
X	17		18		19a		19b
	20a		20b		20c		21

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) COMMITTEE TO ELECT FARREN K STHAF FOR GNERESS Date of Disbursement VISTA PRINT Mailing Address Zip Code City State Amount of Each Disbursement this Period LEXINGTON MA 02421 Purpose of Disbursement 0,0,0 ADVERTISING Candidate Name Memo Item Category/ Type Disbursement For: Office Sought: House General Senate Primary Other (specify) President District: State: Full Name (Last, First, Middle Initial) Date of Disbursement WAL- MART Mailing Address 261 COUPER CRAZI Zip Code City Amount of Each Disbursement this Period 27028 MOCKSVILLE Purpose of Disbursement 001 ENVELOPES Candidate Name Memo Item Category/ Type Disbursement For: Office Sought: House Primary General Senate Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. MDSL Mailing Address 431 EATTON Zip Code City State Amount of Each Disbursement this Period 2702X Mockeyine Purpose of Disbursement 7.5.0.00 Candidate Name Memo Item Category/ Type Office Sought: Disbursement For: House Senate Primary General President Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3)

FOR LINE NUMBER: (check only one) PAGE 5 OF 5 Use separate schedule(s)

ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X	17 20a	18 20b	19a 20c	19b 21
Any information copied from such Reports and Statements n or for commercial purposes, other than using the name and	nay not be sold or used by address of any political con	any person for nmittee to solic	the purpose t contributio	of solici	ting contribu such commi	utions ttee.
NAME OF COMMITTEE (In Full) Complete to Elect Factor K	SHOAF FOR GACE	ණ ්				
Full Name (Last, First, Middle Initial) A. SIGNS ON THE CHEAP. OM Mailing Address		Date	of Disburse	ement	20,16	
City State AUSTIN TX Purpose of Disbursement ADVERTUING Candidate Name	± 220 Zip Code 78758	4	ount of Each			malancae)
Office Sought: House Disbursement Fo Senate Primary	ır:	gory/ pe	wento nem			
Full Name (Last, First, Middle Initial) B. U.S. PESTAL SERVICE Mailing Address III9 YADKINVILLE ROAD		Date M O	of Disburse	ement	2016	Y
Furpose of Disbursement PUSTALE FOR MAILINGS Candidate Name	Zip Code 27028 Cate	3 gory/	Memo Item	\	ment this P	
State: District:	r:					
Full Name (Last, First, Middle Initial) C. US PUSAL SERVICE Mailing Address 1119 YANKAYILE ROAN		Date O	of Disburse	ement	Ž, Č, Ĭ, É	
City State Z Mo CKSVICE NC Purpose of Disbursement	ip Code 27028		ount of Each			
Candidate Name Office Sought: House Disbursement Fo Senate Primary	/ General	gory/	Memo Item	1		
State: District: Other (state:	specify)				0.0.0	12
TOTAL This Period (last page this line number only)		>		43	<u>ر</u> ک _ی ک	14

SCHEDULE C (FEC Form 3) Use separate schedule(s) for each category of the FOR LINE NUMBER: LC N/

Memo Item Election: Primary General Other (specify) ▼
☐ Memo Item

Balance Outstanding at Close of This Period
Interest Rate Secured:
% (apr) Yes No
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ranteed standing:
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PAGE

OF

SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page of Schedule (

IAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
, ,		FEC IDENTIFICATION NOMBER
COMMITTEE TO ELECT FAREEN	K. SHUAF FOR CONGRESS	
ENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
ull Name		
	same of mounty treated for most formally mounty and for any formal for the formal form	<u> </u>
lailing Address	Date Incurred or Established	MYM / DTD / FYTYYY
····		MUM, OOD , TOTAL
ity State Zip Code	e Date Due	
A. Has loan been restructured? No Y	es If yes, date originally incurred	MIN , OTO , YIYOYY
B. If line of credit,	Total	
Amount of this Draw:	Outstanding	
C. Are other parties secondarily liable for the de	ebt incurred? antors must be reported on Schedule C.)	
D. Are any of the following pledged as collateral property, goods, negotiable instruments, cert stocks, accounts receivable, cash on deposition. No Yes If yes, specify:	tificates of deposit, chattel papers, it, or other similar traditional collateral?	es the lender have a perfected security
E. Are any future contributions or future receipt collateral for the loan? No Yes	If yes, specify:	nat is the estimated value?
A depository account must be established p	Location of account:	
to 11 CFR 100.82(e)(2) and 100.142(e)(2).	:	· · · · · · · · · · · · · · · · · · ·
to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:	Address:	
to 11 CFR 100.82(e)(2) and 100.142(e)(2).	:	
to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: Do D V V V V V V V V V V V V V V V V V V	Address: City, State, Zip:	mount pledged does not equal or on which it assures repayment.
to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:	Address: City, State, Zip: above was pledged for this loan, or if the a	mount pledged does not equal or on which it assures repayment.
To 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: Date account established: To 0 / V / V / V / V / V / V / V / V / V /	Address: City, State, Zip: above was pledged for this loan, or if the a	on which it assures repayment.
to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: The property of the types of collateral described exceed the loan amount, state the basis upon the company of the types of collateral described exceed the loan amount, state the basis upon the company of the types of collateral described exceed the loan amount, state the basis upon the company of the collateral described exceed the loan amount, state the basis upon the collateral described exceeds the loan amount, state the basis upon the collateral described exceeds the collateral described exceeds the loan amount, state the basis upon the collateral described exceeds the loan amount.	Address: City, State, Zip: above was pledged for this loan, or if the a	on which it assures repayment. DATE
F. If neither of the types of collateral described exceed the loan amount, state the basis upon G. COMMITTEE TREASURER Typed Name	Address: City, State, Zip: d above was pledged for this loan, or if the abon which this loan was made and the basis of	on which it assures repayment. DATE
F. If neither of the types of collateral described exceed the loan amount, state the basis upon the signature H. Attach a signed copy of the loan agreement. TO BE SIGNED BY THE LENDING INSTITU	Address: City, State, Zip: I above was pledged for this loan, or if the approximate and the basis of the control of the cont	DATE
to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: M M M / D D / Y Y Y Y Y F. If neither of the types of collateral described exceed the loan amount, state the basis upon the loan amount. G. COMMITTEE TREASURER Typed Name Signature H. Attach a signed copy of the loan agreement. TO BE SIGNED BY THE LENDING INSTITUTION. I. To the best of this institution's knowled are accurate as stated above. III. The loan was made on terms and conditions similar extensions of credit to other both ill. This institution is aware of the requirement.	Address: City, State, Zip: I above was pledged for this loan, or if the abon which this loan was made and the basis of the loan which this loan was made and the basis of the loan and other informations (including interest rate) no more favorable prrowers of comparable credit worthiness. The latest the loan and other informations (including interest rate) no more favorable prrowers of comparable credit worthiness. The latest loan and other informations (including interest rate) no more favorable prrowers of comparable credit worthiness. The latest loan and other informations (including interest rate) no more favorable prrowers of comparable credit worthiness.	DATE ion regarding the extension of the loar at the time than those imposed for hich assures repayment, and has
To be signed copy of the loan agreement.	Address: City, State, Zip: I above was pledged for this loan, or if the abon which this loan was made and the basis of the loan was made and the basis of the loan and other informations (including interest rate) no more favorable prowers of comparable credit worthiness.	DATE ion regarding the extension of the loar at the time than those imposed for hich assures repayment, and has
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to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: D D D	Address: City, State, Zip: I above was pledged for this loan, or if the abon which this loan was made and the basis of the loan which this loan was made and the basis of the loan and other informations (including interest rate) no more favorable prrowers of comparable credit worthiness. The latest the loan and other informations (including interest rate) no more favorable prrowers of comparable credit worthiness. The latest loan and other informations (including interest rate) no more favorable prrowers of comparable credit worthiness. The latest loan and other informations (including interest rate) no more favorable prrowers of comparable credit worthiness.	DATE ion regarding the extension of the loar at the time than those imposed for hich assures repayment, and has this loan.

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS Excluding Leans

(Use separate schedule(s) for each

PAGE OF

FOR LINE NUMBER:		
(check only one)	L	
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ciuaing	Loans		numbered line)
ME OF	COMMITTEE (In Full)		
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C C	MAITTEE TO ELECT FACE	en Kohaf fir Can	A N W EZZ
	Name (Last, First, Middle Initial) of Deb		Nature of Debt (Purpose):
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j.			
Mailing	Address		
ivianing	Address		
City	State	Zip Code	
City	State	Zip Code	,
Outst	anding Balance Beginning This Period		
15.00			
1	The said the		
	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
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B. Full	Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of Debt (Purpose):
		•	
- }			•
Mailing	Address		
g.			
City	State	Zip Code	40°
¥.			
Outet	anding Balance Beginning This Period		
	anding balance beginning this rendu		
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	Amount Incurred This Period	Payment This Boried	Outstanding Ralance at Class of This Davied
1	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Bacomily.		(Comment of the Comm	leadent (1) - See Continue (1) - See Continue (1)
C. Full	Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of Debt (Purpose):
	, , , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , ,
:			
Mailing	Address		
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City		State Zip Code	
	anding Balance Beginning This Period		
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Harriel a	handland the other of the of section of the other		· · · •
grafi`	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
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i i			
- 2			
۴.			
SUBTO	OTALS This Period This Page (optional)		> [
TOTAL	S This Period (last page this line numb	er only)	
TOTAL	OUTSTANDING LOANS from Schedule	e C (last page only)	
ADD 2) and 3) and carry forward to appropria	te line of Summary Page (last page of	only)

FEC FORM 3Z (File with Form 3)

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

	ne of Principal Campaign	- Committee (In Full)	Report Cove	aring Period:		
INan	ne or Principal Campaigr	n Committee (in Full)	From:	aning i enod.	l To:	
C	OMMITTEE TO EL	ECT	YTHE TOOL OF THE T			
FAREEN K SHOAF FOR GNGRESS						
7			7		(a)	(b)
		Committee 1	Line No. 11(a) Total Contributions From Indiv./Persons Other Than	Line No. 11(b) Total Contributions From Political Party		
\vdash	· · · · · · · · · · · · · · · · · · ·		Political Committees	Committees		
Α						
В	Column Total Last Page C	Only	······			
	(c) Line No. 11(c) Total Contributions From Other Political	(d) Line No. 11(d) Total Contributions From The	(e) Line No. 11(e) Total C <i>o</i> ntributions	(f) Line No. 12 Total Transfers From Other Authorized	(g) Line No. 13(a) Total Loans Made or Guaranteed by	(h) Line No. 13(b) Total All Other Loans
-	Committees	Candidate		Committees	the Candidate	
4	1 :			 	 	
E	3					
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(I) Line No. 16 Total Receipts	. (m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
4						
٠	3					L
	(0) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Candidate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A						
E						
	(u) : Line No. 20(d) : Total : Contribution : Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A						
8						
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A			·· · · · · · · · · · · · · · · · · · ·			
Е	· ·					

Committee to Elect Farren K. Shoaf for Congress 431 Eaton Road Mocksville, NC 27028

Federal Election Commission 999 E Street, NW Washington DC 20463

2016 MAY 24 AH 11: 41

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOM The FEC added this page to the end of this filing to indi	MING DOCUMENTS
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	·
Overnight Delivery Service (Specify):	Shipping Date
Next Bus	siness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	of Receipt or Postmarked
1	5/24/16
(3/2015)	DATE PREPARED